

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	<u>3/25/2021</u>	<u> / / </u>

RECEIVED	CALIFORNIA FORM 410
APR 15 2021	For Official Use Only
TOWN OF WINDSOR	

1. Committee Information				I.D. Number 1437486 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE J Leasure For Windsor Town Council 2021				NAME OF TREASURER Jeffrey Leasure				NAME OF ASSISTANT TREASURER, IF ANY NA			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) 9588 Vancouver Lane				STREET ADDRESS (NO P.O. BOX) NA			
CITY Windsor	STATE Ca	ZIP CODE 95492	AREA CODE/PHONE [REDACTED]	CITY Windsor	STATE Ca	ZIP CODE 95492	AREA CODE/PHONE [REDACTED]	CITY	STATE	ZIP CODE	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT) NA				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY				CITY			
COUNTY OF DOMICILE Sonoma		JURISDICTION WHERE COMMITTEE IS ACTIVE Town Of Windsor Ca		NAME OF PRINCIPAL OFFICER(S) NA				NAME OF PRINCIPAL OFFICER(S) NA			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
				CITY				CITY			

3. Verification

I have used all reasonable diligence in preparing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

Executed on <u>4/15/21</u>	By	[REDACTED]
Executed on <u>4/15/21</u>	By	[REDACTED]
Executed on _____	By	[REDACTED]
Executed on _____	By	[REDACTED]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME J Leasure For Windsor Town Council 2021	I.D. NUMBER 1437486
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Exchange Bank	AREA CODE/PHONE 7075243000	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 545 Fourth Street	CITY Santa Rosa	STATE Ca
		ZIP CODE 95401

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Jeffrey Leasure	Windsor Town Councilmember	2021	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE